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Attention:	Group Art Unit: 1745	From:	Travis Dodd
Fax:	571-273-8300	Fax:	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (29) Pages
Re:	Application Serial No.: 10/612,439 Title: IMPROVED POSITIVE ELECTRODE MATERIAL FOR LITHIUM ION BATTERIES Filed: July 1, 2003 Examiner: John Maples Group Art Unit: 1745 Attorney Docket No.: Q170-US1		

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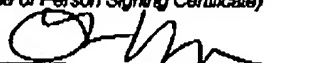
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on February 26, 2007:

Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Amendment with attachment (9 pages)
Information Disclosure Statement (in duplicate) (2 pages)
PTO Form 1449 with copies of references (13 pages)
Form PTO-2038 Credit Card Authorization (1 page)

Lisa K. Robbins

(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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FEB 26 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/612,439
		Filing Date	July 1, 2003
		First Named Inventor	BELHAROUK, Ilias et al.
		Group Art Unit	1745
		Examiner Name	John Maples
Total Number of Pages in This Submission		Attorney Docket Number	Q170-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

Customer Number or Bar Code Label

31815

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0821. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 2/26/2007

 Phone: (818) 833-2003
 Fax: (818) 833-2065

By:




 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

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Remarks		

Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
<p>The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.</p> <p style="text-align: right;">Respectfully submitted,</p> <p>Dated: <u>2/26/2007</u></p> <p>Phone: (818) 833-2003 Fax: (818) 833-2065</p> <p style="text-align: right;">By:  Travis Dodd Attorney for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127</p>	

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Examiner Name:	1745
Group/Art Unit:	John Maples

TOTAL AMOUNT OF PAYMENT:	\$ 180.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: QualHon LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

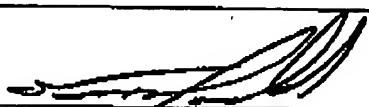
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	26 - 64 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/26/2007

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Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/26/2007